



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name

Name ☒ Owner ☐ General Manager

Physical Address

City

Zip

Mailing Address

City

Zip

County

This inspection is a(n)

☐ Initial ☒ Annual ☐ Follow-up

Telephone

No. of
Stories

No. of Rooms

Is the current lodging license displayed?

☒ Yes ☐ No ☐ N/A- new

Rooms Inspected:

Water Supply

Wastewater

☐ Private ☒ Public

Water sample taken ☐ Yes ☒ No

☐ Private ☒ Public

Regulated by: ☐ DHSS ☒ DNR

Swimming Pools/Spas (check all that apply)

Indoor pool ☐ Outdoor pool ☐ Spa ☐ Pool larger than 2000 square feet ☐

Please check if the following
local ordinances apply

New Lodging Establishments

☒ N/A

☐ Fire Safety ☐ Electrical Wiring

☐ Plumbing

☐ Swimming Pools/Spas

☐ Fuel Burning Appliances

Smoke detectors hardwired

☒ Yes ☐ No ☐ N/A

Fire alarm system installed

☒ Yes ☐ No ☐ N/A

Sprinkler system installed

☐ Yes ☒ No ☐ N/A

Swimming Pool Certified

☐ Yes ☐ No ☒ N/A

Building Certified to National Standards or Occupancy

Permit ☐ Yes ☐ No

Historical Building

☐ Yes ☐ No ☒ N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

In=In Compliance

Out=Not In Compliance, explain on additional page(s)

NO=Not Observed

N/A=Not Applicable

Section A & B: Water Supply & Wastewater

In Out NO N/A

1. Approved source, construction and operation

☒

2. Complies with water quality standards

☒

3. Chlorinator maintained and operated properly

☒

4. Wastewater operation and maintenance

☒

Section C: Sanitation/Housekeeping

1. Walls, floors and ceilings in good repair

☒

2. Housekeeping practices and furnishings

☒

3. Towels and bed linens clean

☒

4. Mattresses and box springs clean

☒

5. Pest control procedures

☒

6. Ice machines, scoops, liners clean & protected

☒

7. Garbage storage and disposal

☒

8. Premises maintained, plant growth controlled

☒

Food Inspection conducted according to 19CSR20-1.025

9. Food, equipment and single service/use

☒

10. Food protected from contamination

☒

11. Facilities to wash, rinse and sanitize

☒

12. Handwashing facilities/hygienic practices

☒

Section D: Life Safety

1. Combustible/toxic items usage and storage

☒

2. Building maintained to assure safe conditions

☒

3. CO detectors hardwired, installed, good repair

☒

4. GFCI, outlets & switches installed, good repair

☒

5. Exit signs installed, good repair

☒

6. Emergency lighting installed, good repair

☒

7. Electric panel protected, labeled, good repair

☒

Required Annual Third Party Inspections

1. Fire Alarm System

☒

2. Sprinkler System

☒

3. Local Fire and Building Codes/Ordinances

☒

4. Current Boiler/Pressure Vessels MDPS

☒

5. Backflow Device(s) Test

☒

6. Liquid Propane Leak Test

☒

INSPECTED BY (PRINT NAME and SIGN)

EPHS NUMBER

AGENCY

TELEPHONE

LICENSING YEAR

20 18 / 20 19

APPROVED ☐ YES ☒ NO

DATE INSPECTED

8-28-18

FOLLOW UP DATE

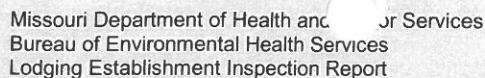
by 9-28-18

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

NAINEESH PATEL Owner

Nainesh Patel

PAGE 1 OF 2



INSPECTED BY

INSPECTED BY
Karen Hunter-Krupp, EPHS # 898
MO 580-2569 (6-16) Distribution: White

MO 580-2569 (6-16)

RECEIVED BY

RECEIVED BY Nainesh Patel
Canary/Central Office Pink/Local Office

DATE _____

8-28-18

Distribution: White/Owner

Canary/Central Office

Pink/Local Office

F9 02A



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name Kenwood Inn Name ☒ Owner ☐ General Manager N. V. Patel

Physical Address 215 South 4th St City Kennett, MO Zip 63857

Mailing Address Kenwood Inn City " Zip "

County Madison This inspection is a(n) ☐ Initial ☐ Annual ☒ Follow-up Telephone 573-444-5341 No. of Stories 1 No. of Rooms 17 Is the current lodging license displayed? ☒ Yes ☐ No ☐ N/A - new

Rooms Inspected: Rooms 1, 2, 3, 12, 17
Water Supply ☐ Private ☒ Public Water sample taken ☐ Yes ☒ No
Wastewater ☐ Private ☐ Public Regulated by: ☐ DHSS ☐ DNR
Swimming Pools/Spas (check all that apply)
Indoor pool ☐ Outdoor pool ☐ Spa ☐ Pool larger than 2000 square feet ☐

Please check if the following local ordinances apply
☐ Fire Safety ☐ Electrical Wiring ☐ Plumbing ☐ Swimming Pools/Spas ☐ Fuel Burning Appliances
New Lodging Establishments ☒ N/A
Smoke detectors hardwired ☐ Yes ☐ No ☐ N/A Swimming Pool Certified ☐ Yes ☐ No ☐ N/A
Fire alarm system installed ☐ Yes ☐ No ☐ N/A Building Certified to National Standards or Occupancy Permit ☐ Yes ☐ No
Sprinkler system installed ☐ Yes ☐ No ☐ N/A Historical Building ☐ Yes ☐ No ☐ N/A

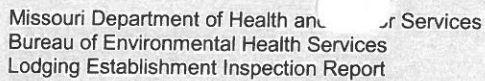
Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
Section A & B: Water Supply & Wastewater	In Out NO N/A	Section E: Fire Safety	In Out NO N/A
1. Approved source, construction and operation	<input checked="" type="checkbox"/>	1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>
2. Complies with water quality standards	<input checked="" type="checkbox"/>	2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/>
3. Chlorinator maintained and operated properly	<input checked="" type="checkbox"/>	3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>	4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>
Section C: Sanitation/Housekeeping		5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>
1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/>	6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>
2. Housekeeping practices and furnishings	<input checked="" type="checkbox"/>	7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>
3. Towels and bed linens clean	<input checked="" type="checkbox"/>	8. Means of egress, number, maintained	<input checked="" type="checkbox"/>
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>
5. Pest control procedures	<input checked="" type="checkbox"/>	Section F: Swimming Pools/Spas	
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	3. Deck is clean and in good repair	<input checked="" type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025		4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained	<input checked="" type="checkbox"/>
10. Food protected from contamination	<input checked="" type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>	7. Adequate ventilation	<input checked="" type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>
Section D: Life Safety		9. Records maintained and signs posted	<input checked="" type="checkbox"/>
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	10. First aid kit available	<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	11. Lighting adequate and in good repair	<input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	Section G: Plumbing/Mechanical	
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>	1. Equipment adequate, good repair	<input checked="" type="checkbox"/>
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>
Required Annual Third Party Inspections		5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>
1. Fire Alarm System	<input checked="" type="checkbox"/>	Section H: Heating & Cooling	
2. Sprinkler System	<input checked="" type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>
5. Backflow Device(s) Test	<input checked="" type="checkbox"/>	4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>
6. Liquid Propane Leak Test	<input checked="" type="checkbox"/>	5. Operation and condition adequate	<input checked="" type="checkbox"/>

INSPECTED BY (PRINT NAME and SIGN) Karen Hunter-Krueger, EPHS EPHS NUMBER 248 AGENCY Madison Co. Health Dept. TELEPHONE 573-444-2008

LICENSING YEAR 2018 / 2019 APPROVED ☒ YES ☐ NO DATE INSPECTED 9-27-18 FOLLOW UP DATE Next Routine Inspection

RECEIVED BY (PRINT NAME AND TITLE and SIGN) Nainesh Patel owner Nainesh Patel 9/17/18 PAGE 1 OF 2



INSPECTED BY <i>Lisa Hunt-Krueger, EPHS #892</i>	RECEIVED BY <i>Nainesh Patel</i>	DATE <i>7-17-18</i>
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